

**DIVISION OF SOCIAL SERVICES  
STATE-LEVEL DIRECT CLIENT SERVICES CONTRACT INSTRUCTIONS**

**Proposed Use:**

This form (DSS-5006A) is to be used as an **application for a state - level direct client service contract** and once completed serves as Attachment I (along with the proposal package) to the negotiated contract. The standard contract preprint will identify the general terms and conditions of state-level service contracts. Included are the effective dates of the contract, rate and source of payment, maximum amount of reimbursement and method of payment, etc.

Providers desiring to make application for state-level contracts are to complete this form in coordination with the Division of Social Services prior to the signing of the contract. This period of negotiation will establish the requirements and expectations of both parties in relation to fulfilling the terms of the contract. When completed, the form and attachments are added to the contract preprint as part of the terms and conditions of the contract. When the contract is approved and signed, Attachment 1 including the approved budget/rate and supporting documentation will serve as the program's operating guide and as a basis for monitoring and evaluation. It is vital, therefore, that the program description be clear and complete.

<b>Submission Instructions:</b>	<b>Submit to:</b>	<b>Contract Administrator</b>
		NCDSS _____ Section
		_____ Mail Service Center
		325 N. Salisbury Street (Room _____)
		Raleigh, North Carolina 27699-_____
		(919) _____ or Fax (919) _____

**Submit What:** One original and four copies of the contract application in the following order. Incorrectly submitted applications will be returned prior to reviews.

- \_\_\_\_\_ Face Sheet
- Narrative:
  - \_\_\_\_\_ program summary
  - \_\_\_\_\_ program plan
  - \_\_\_\_\_ outcome based goals
- Attachments
  - \_\_\_\_\_ organizational chart
  - \_\_\_\_\_ draft Subcontract Document(s), if applicable
  - \_\_\_\_\_ In-kind Agreement(s) , if applicable
  - \_\_\_\_\_ evaluation
  - \_\_\_\_\_ IRS Tax Exempt Letter
- Budget
  - \_\_\_\_\_ DSS-6844S
  - \_\_\_\_\_ Budget Narrative
- Attachments
  - \_\_\_\_\_ Job Description(s)
  - \_\_\_\_\_ Equipment Classification letter, if applicable
  - \_\_\_\_\_ Lease Agreement, if applicable
  - \_\_\_\_\_ Indirect Cost Plan

**Number all pages consecutively including the budget pages in top right corner. Copy one side only.**

**WHEN:** \_\_\_\_\_

### **Item A. Provider Information**

1. Enter the name of your agency (Use fiscal agency name. **Do not list program name**).
2. Enter the mailing address for your agency. Include street address and post office box number.
3. Enter the telephone and fax number and your email address for your agency.
4. Enter the name and title of the person who will direct the overall activity contained in the proposal.
5. Enter the name, title, address and telephone and fax number along with the email address of the contract administrator. The contract administrator is responsible for policy/terms of the contract and fiscal matters concerning the contract, including but not limited to allowable expenditures and reimbursement reporting.
6. Enter the name of the program.
7. Indicate the organizational status of your agency.
8. Enter the agency Federal Tax ID number.
9. Enter the beginning month, day, and year, and ending date of your agency's financial reporting year. This may not coincide with the date of the contract.

### **Item B. Service Delivery Site(s)**

List the names and addresses of facilities used in the delivery of services contained in this proposal. List on additional pages and attach if services are to be provided at several sites.

### **Item C. Area to be Served**

List the names of counties in which services are to be available. If services are to be available throughout the State, enter statewide.

### **Item D. Services to be provided (Contact your Contract Administrator for this information if unknown.)**

First Column - Enter the names(s) of the services(s) to be provided and/or any of the component(s) of the service to be provided.

Second Column - Enter the service code(s) and service component code(s), if any.

Third Column - Enter the estimated number of persons to be served for each service/component listed in column one.

Fourth Column - Enter the estimated number of units of service to be provided during the period of the contract.

Fifth Column - Enter the definition of the unit of service for services listed in column one.

## **NARRATIVE**

### **1. PROGRAM SUMMARY**

For each program component, enter a description of the activities to be performed including all services which are planned. Program levels will be defined in consultation with the Contract Administrator. The program summary for program levels providing services directly to clients should include a description of the target population to be served. In addition, all program levels should provide a brief description of the general activities planned, and the purpose toward which the activities are directed. The Program Summary should also identify which activities are to be provided directly and which are to be provided through a subcontracting arrangement.

### **2. PROGRAM PLAN**

A program Plan must be completed for each program level and should expand on information provided in the Program Summary. You should describe completely all activities related to each program level as to **what will be done, for whom, how, where and when**. Indicate what staff will be used, to whom they are responsible, and how the section relates both administratively and programmatically to the rest of the service program in as much detail as necessary to convey to the people reviewing your application everything you plan in the way of activities. In addition, the Program Description should reflect whatever activities are planned in the area of self-evaluation of the program. If the total program is not now in existence, show when each activity or section is to be phased in.

**NOTE:** Providers of Family Preservation Services, Family Support Services, Intensive Family Preservation Services and Family Resource Centers should include a section to describe your efforts and plans to provide culturally responsive services. The section should consist of: 1) A description of the challenges and/or barriers of providing services to diverse populations (i.e. developmentally delayed or minority children and families; 2) A list of current or planned activities to address the barriers identified in #1 (i. e. hiring practices, in service, training); and 3) A description of what resources are needed to assist your agency in providing culturally responsive services (i.e. conferences, workshops, etc.).

### **3. SUBCONTRACTING - IN-KIND AGREEMENTS**

#### **Subcontracting:**

Portions of the program may be subcontracted. However, prior approval from the Division of Social Services of all contracts before execution is necessary to assure legality and compliance with regulations. Any funds expended before the proper execution of the contract are not reimbursable. If your program includes plans for subcontracts, describe these plans in the program plan and summary:

1) The purpose for the contract; 2) With whom you are planning to subcontract; 3) Specify the services or activities to be covered by the subcontract; 4) Who in the program is to be responsible for seeing to it that the terms of the subcontract are met and ensuring coordination of the subcontracted activities with other program activities; and 5) A copy of the subcontract must be submitted if described in the proposal.

If it becomes necessary to subcontract a service after execution of the contract, follow instructions for a contract amendment.

#### **In-Kind Agreements**

Portions of the program may be performed by another entity that is contributing the services and the dollar amount is to be included as a portion of the Provider agencies required match.

If your program includes plans for in-kind agreements, describe these plans in the program plan/summary. Attach a copy of the letter from the contributing agency that includes the following items:

- a) description of services being contributed
- b) dollar value of all services contributed and
- c) assurance statement as follows: “The services listed above are not committed to any other program or project. No federal funds are included in this amount. Monthly reports will be maintained to document match.”

## **ATTACHMENTS**

The following items **must be included** with the application, as applicable.

### **A. JOB DESCRIPTIONS**

Attach a job description for each staff position as it relates to the stated objectives of the contract, showing the following: 1. Job titles and salary range; (2.) Major functions; (3.) Line of authority (reports to or is supervised by); (4.) Duties in the services program and (5.) Minimum qualifications (education, amount and type of experience).

### **B. ORGANIZATIONAL CHART**

Attach an organizational diagram of the administration of your project, showing levels of authority and supervision for each position and numbers of staff in each position. Insure copy is legible.

### **C. SUBCONTRACTS - IN-KIND AGREEMENTS**

Include a **draft** (unsigned) copy of all subcontracts and attachments to the subcontracts, if funds are budgeted for this purpose. Include a copy of the in-kind agreement, if funds are budgeted for this purpose.

### **D. LEASES / RENTAL AGREEMENTS**

Include a copy of the current lease agreements, if funds are budgeted for this purpose. (Not required for individual fixed rate method of reimbursement. Insure copy is legible and complete.

### **E. SUPPORTING DOCUMENTATION FOR INDIRECT COST RATE**

Those agencies whose rates require prior approval from their cognizant federal agency must attach a copy of the current document received from that agency approving the indirect cost rate. Those agencies whose current rates do not require prior written approval from the cognizant federal agency must attach a current statement from their CPA to the effect which indicates the amount of their rate and title of costs included in the computation. Indirect cost should be computed annually. Agencies which do not have an approved indirect cost rate should not include a cost in the budget. Consult your Contract Administrator for possible restrictions. Insure copy is legible and complete.

## **F. SUPPORTING DOCUMENTATION FOR EQUIPMENT CLASSIFICATION (PUBLIC AGENCIES ONLY)**

The NC DHHS identifies equipment as having an individual cost of \$500 each - with useful life of more than one year. Agencies that classify equipment as having an individual cost greater than \$500 may request a waiver from the DHHS Controller. A legible copy of the approval waiver must be attached to the application. Equipment with a cost of \$5,000 or more must be depreciated (only 1 year of depreciation could be charged to a 12 month contract.)

## **G. NOT FOR PROFIT STATUS**

Private not for profit agencies should attach a copy of the Internal Revenue Services tax exempt letter. Insure copy is legible and complete.

## **H. EVALUATION (for renewals only)**

Include a summary of services/activities provided in the current or most recent contract. The summary should include the number of clients served the units of service provided goals met and any other pertinent facts/information relating to the operation of the contract. The summary should be specific by deliverable.

## **I. OUTCOME - BASED GOALS**

Requests for funding to provide direct services to children and their families must include clear, measurable outcome based goals for each service(s). These goals should specifically identify what the children and families will actually achieve as a result of the service(s), and how success(es) will be measured. This is more than an identification of numbers of people to be served or hours of service to be provided. List what the children and families will learn, achieve, and be able to do as a result of the service(s). The outcome-based goal will be used in the contract approval process as well as in the monitoring and evaluation process. **The format for outcome based goals is on the following page.**

**Adoption Services:** These outcome goals should include number of adoptive placements (initial petitions and final orders).

**Foster Care Services:** These outcome goals should include measures of progress toward achieving permanence for children in a timely fashion.

**Family Support Services/Family Resource Centers:** These outcome goals should include measures of promoting parenting skills, adult development and leadership skills, overall child functioning, overall family functioning, and overall community functioning. Programs should also focus on the development of comprehensive family support programs and resource centers and strengthening consumer participation in service planning, implementation and evaluation.

**Family Preservation Services/Reunification Services:** These outcome goals should include measures that indicate the strength of families, overall environment, the overall social supports, the strength of family or care givers, the strength of the overall family interaction and family well being. Program should also establish a range of family preservation services that assist families coping with risks. In addition, Reunification programs should focus on reunifying children that were placed in the custody of a county department of social services, with their families.

**Intensive Family Preservation Services:** These outcome goals should include measures in helping families learn new and more effective problem solving strategies, in assuring that appropriate services have been offered where children are at risk of out of home placement. Also, measure the strength of

families, overall environment, the overall social supports, the strength of family or caregivers, the strength of the overall family interaction and family well being.

Projected Outcome	Method of Achievement	Time Line Begin    Complete	Measurement Strategy	Goal Accomplishment